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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

CASES IN PRACTICE TREATED BY ELECTRICITY.

BY WM. R. D. BLACKWOOD, M. D.,
Of Philadelphia.

The following cases were of considerable interest to me, and may illustrate the benefit obtained from the use of electricity, when the more commonly used therapeutic remedies failed.

CASE 1.—Mrs. C. was attended by me in her fifth confinement. Three of the four preceding children were still-born, and the history of her labors indicated tediousness, and trouble to herself and her physician. In this case the breech presented, and delivery was protracted to thirty-six hours. The child was dead, and had evidently been so for a considerable time. The placenta was *adherent*, and the discharged fluids extremely offensive. She passed through a typhoid condition for two weeks afterward, and was paralyzed in the whole length of her right leg. No improvement in the limb occurred after she was able to leave her bed, and she was compelled to use a crutch in moving about her room. Expecting improvement to take place in time, I at first did not place her under treatment, and finally various remedies were tried, and faithfully persevered in, but no success followed their use, nor did she in any degree regain the use of her limb for the six weeks succeeding her confinement. The continuous current was applied with no appreciable benefit after four applications. Faradization was then employed

to the lumbar spine, and generally over the surface of the member, with some improvement. After three applications an insulated electrode, armed with a sponge-covered ball, was pressed firmly into the Douglas cul-de-sac, and the foot of the affected side placed upon a copper plate, with a strong current extended to fifteen or twenty minutes. The improvement was *immediate* and *decided*. Six applications removed the disability, and it may be incidentally noted that a troublesome pruritus also disappeared during the treatment. No injury was done to the womb by the current during its application, although employed so closely after parturition.

CASE 2.—Miss E. M., aged nineteen years, moderately well developed, fair complexion, light hair, blue eyes, and inclining to strumous cachexia, consulted me for a distressing general neuralgia, which at one time would affect the facial region, at another the tibial, and frequently the abdominal. In fact, she never could assure herself of exemption from an attack in almost any part of the body, nor did her general health appear to influence the disease. Her functions were normal, her appet "good, and unless seized with an attack of her malady in the evening, she usually slept well and awoke in the morning refreshed and buoyant. Quinia, belladonna, arsenic, iodine, and various tonics and alteratives were ineffectually used at different times. The continuous current was tried, and although some temporary relief was obtained, yet the result was not encouraging, and consequently the induction current was employed. Local treatment always stopped a paroxysm, but the pain usually returned in an hour or two, either at the same point or in an-

other locality. Finally central faradization was performed, one pole being applied to the cervical spine and the feet alternately, and the other to the epigastrium. Ten sittings on succeeding days completely broke up her trouble, and it is now more than four months since she has suffered from her old enemy. No remedies were used at the same time internally.

CASE 3.—Miss I. G., aged eighteen years; dark complexion, hair, and eyes, and well grown: no strumous diathesis existed; her appetite was good, bowels in perfect order, and her appearance that of a lady in excellent health. She, however, suffered from amenorrhœa, and, at the time her menstrual flow should appear, she was affected with violent headache and nausea. Once only had an effort at menstruation been apparent, five years previous to my taking charge of her case. I could not detect any cause for her monthly ailment, other than the non-establishment of her menses, and she was placed upon a course of treatment, with a view to remedy the trouble. Without enumerating the articles employed, it is sufficient to say that, though many in number, and thoroughly pushed, they failed. Galvanism also failed. An intra-uterine electrode was introduced into the cervical canal, to the internal os, and a current, increasing in strength to the extent of her ability to bear, was passed from that point to the other pole applied to the sacrum, and, after fifteen minutes, to the ovarian region, to which points the sacral pole was successively moved. The applications were made six days preceding the time of her regular headache, and the second month after inaugurating the method of treatment, a fair menstrual flow set in, and continued two days. Next month (the third) the flow was more abundant, and but little discomfort was experienced. The menses lasted three days, and have appeared continuously since. No nausea, or other trouble, has occurred now for over a year, and her health has continued good.

CASE 4.—A young gentleman applied to me in consequence of frequent attacks of pain radiating from the epigastrium, and continuing for three to six hours at a time. They recurred two or three times weekly, and no cause could be given for them. The patient was temperate, and in good circumstances, so that neither food nor occupation could be referred to as causing the affection. Anodynes had been tried, hypodermically and otherwise, and other means instituted, with but temporary benefit. Having

recently treated the second case reported, I lost no time in experimenting with drugs, but commenced with the galvanic current, which did no good at all. Twelve applications of the faradic current finally relieved him, and he has since then continued free from pain. I offer no opinion as to the location of the malady, and the treatment was merely empirical, but the result was satisfactory.

CASE 5.—A child, four years of age, was brought to me, laboring under general debility and great loss of power in its limbs, especially in the lower extremities. There was no spinal curvature. Braces had been adapted to the back and legs, and tonics administered, previously to my seeing the case. I removed the apparatus, put the child on cod-liver oil, syrup ferri iodidi, and salt baths, with friction thoroughly employed after the daily baths. The general health improved notably, but no increase of either muscular development or locomotor power was induced in the course of two months. Without recourse to galvanism, the child was treated by daily applications of the faradic current, and thirty sittings produced so marked an improvement as to satisfy the parents that nothing further was needed. I desired to continue for a longer period, but could not prevail on them to allow me to do so. The improved state of the child's health continued, and a dozen applications, similarly employed, subsequently to the time referred to, has produced a decidedly marked alteration in the physique of the little patient. No doubt can be entertained as to the main agent which induced the improved condition in the case, as all internal medication was dispensed with during the electrical seances.

CASE 6.—E. R. D., a pallid, and decidedly anemic girl, twelve years of age, was presented to me for treatment in consequence of a well-marked case of chorea. Remedies previously efficient in my hands did no good here. The poor girl was tormented, and her family also, by her trouble, and, being in reduced circumstances, they were unable to obtain necessary remedies for their unfortunate daughter. Not being willing to send the child to a hospital, I placed her upon a course of treatment by the continuous current. She was much relieved, but soon the improvement ceased, and no increase within the limits which I was willing to use did her any further good. After a fair trial of the current I changed to the faradic, and was repaid by an early improvement of her health. It required fifty-seven suc-

cessive applications to completely relieve her, and the cure has been permanent.

With the exception of the fourth case recorded, all those noted are of frequent occurrence in practice, and there is no professional man who has not had occasion, repeatedly, to feel dissatisfied with his want of success in treating just such affections. It is in similar dilemmas that electricity, carefully applied, may be of great value. Desiring not to extend this to any length I have purposely refrained from entering into particulars. More reliance has been placed upon the galvanic or continuous current, by most authorities, especially in neuralgic affections, and in many cases in which I have resorted to it the result has been eminently satisfactory, yet in those above recorded faradization succeeded where the other did not. The galvanic apparatus employed was that of the Galvano-Faradic Company, of New York, and any desired power can be obtained by uniting two or more of their portable batteries, which are reliable and easily managed. After trial of many induction instruments I believe that, for evenness of current, Kidder's machine is preferable. Many of other makers work well enough for a short time, but finally become hard to manage, the interruptions being irregular, sometimes strong, at others weak, and not unfrequently ceasing altogether. The zinc-carbon cell is preferable for running them, as the zinc-copper is hard to keep clean, and the small cell is difficult to manage unless great care is observed in keeping the platinum or platinized silver strip free from mercury when used for amalgamating the zinc plates.

A CASE OF CONSERVATIVE SURGERY.

BY S. J. RADCLIFFE, M. D.

Of Washington, D. C.

On September 3d, a stout, healthy colored man came to my office with his hand bleeding, and in great pain. He stated that while helping a man to unload a stone wagon, a large, heavy stone fell and caught his left thumb, causing the injury for which he sought advice. I found, on examination, the left thumb disarticulated at the second joint, the joint disorganized; the lateral and anterior ligaments completely ruptured, both the condyles of the head of the second phalanx entirely severed, the sesamoid bones dislodged from their bed, and the soft

parts and integuments irregularly torn and mashed, the lower fragments moving in any direction desired, and could be placed parallel with the upper by reversing its terminal end. I snipped off the loose fragments of bone with the scissors, replaced and adjusted the parts as well as could be done, applied ichthyocolla plaster, and roller bandage, and sent him home, informing him the dressing was only temporary, that it would be necessary to amputate it, as there was scarcely a possibility to save the thumb in its present condition. In an hour I went to his residence, with an assistant, and prepared to amputate, judging that the best course to pursue. He was not now suffering great pain, and though he felt satisfied with the prognosis, he begged that I would try to preserve the thumb; that he was a laboring man, depending on his labor for support, would lose his position and not be able to get employment and make a living with but one thumb. Yielding to his appeal, to gratify him and give him all possible chance, as well as to test the powers of nature in reparation, I readjusted the parts as before, with splint on lower surface, swung it, and directed him to report to me daily. He reported daily for a week, after that two or three times a week, till the first of October. The dressing required renewing but seldom after the first week, and to my surprise the whole member healed beautifully, the swelling subsided, and its contour reduced to its former size and shape, and externally it could scarcely be distinguished from the other.

November 1st, the present writing, there is, of course, incomplete bony and muscular ankylosis, with slight motion at the joint, but this result is regarded much better than the entire loss of the thumb. It is a great thing gained for a laboring man, to save his hand or fingers, even with some deformity, and this should always be had in view in the treatment of such cases. Ankylosis of the fingers, however, would be less desirable, probably, than ankylosis of the thumb; in the latter, much use could be made of it; in the former, it might materially interfere with their function; especially if at the first articulations. In fractures of continuity, though, accompanied with loss of integument, they uniformly do well, as I have been able to test in four cases from injury by machinery. Could not this principle be applied oftener to more extensive injuries? The patient is at work again.

HOSPITAL REPORTS.

UNIVERSITY OF PENNSYLVANIA.

SERVICE OF PROF. D. HAYES AGNEW.

Reported by De F. Willard, M. D.

Re-Amputation of the Humerus.

GENTLEMEN:—The boy, thirteen years of age, now before you, suffered a railroad injury some years since, which necessitated the amputation of his humerus at its middle third and his leg at the lower third. The latter stump is in excellent condition, and bears pressure well. It is rounded, smooth and soft, while the cicatrix does not adhere to the end of the bone. Upon looking at the arm, however, a different state of affairs is seen to exist. Its extremity is a long pointed projection, which looks almost like a rudimentary finger, but upon closer examination it proves to be an atrophied humerus, over which is stretched a smooth, glistening, red, unhealthy integument. It is exceedingly irritable and painful, and the skin is in such condition that it might easily take on a sloughing action and denude the bone.

Nothing can relieve this condition but an amputation higher up the arm, and as there is hardly room for the application of a tourniquet I will entrust the axillary artery to an assistant while I make two oval integumentary flaps, turn them back, pass a knife in a circular manner through these fibrous and fatty tissues, and then saw off the bone.

As you will notice, there is but little bleeding, even when the artery is freed, and only one or two ligatures will be required. This is accounted for by the fact that all the vessels of any magnitude have become obliterated by the old inflammatory process and the subsequent contraction. The muscular tissue has also almost entirely disappeared, being replaced by fat and connective tissue. The nerves are, moreover, small, but I will thoroughly retrench them, in order that there may be no cause for the formation of neuromata in the stump.

(Bleeding having ceased, the flaps were sutured together, adhesive strips applied, and a water dressing ordered. The wound healed to a great extent by first intention, and is now entirely well. De F. W.)

Ulcers—Skin-Grafting.

I have here a number of cases which, although not included under the head of attractive surgery, yet belong to the class which you will constantly meet in practice. They are instances of ulcer of the leg, and while so common, yet varying as they do in cause, are frequently maltreated. They are exceedingly annoying and painful to their possessors, and I assure you that the cure of an old ulcer will frequently earn you as good a reputation as the accomplishment of a far more brilliant result in another disease. That they are not fully understood is evident by the means that are used for their relief, and the ineffectual efforts that are put forth

for their cure. It is not at all unusual to meet with these sores which have been open and discharging for twelve, fifteen or twenty years, and yet these same cases, in proper hands, may sometimes be cured in three months.

The varieties of ulcer are classified under many heads, but I see no necessity for having any divisions, save three: 1, healthy, 2, unhealthy or complicated, and 3, specific.

A *healthy* ulcer has every appearance of vigor. Its granulations are florid and abundant, but not above the surrounding parts; its edges gently sloping, its surface bathed in creamy pus; the surrounding integument is pliable and only slightly reddened. An illustration of this is seen in the first case, upon the leg of which can be seen such a sore. It is rapidly healing, and requires only a covering to prevent irritation.

Unhealthy ulcers are seen in various forms before you. The first case presents a red, swollen, angry aspect. It is merely a sore like the former one, only chafed or excited into an inflammatory process. For its treatment we shall order cold lead water and laudanum constantly applied for several days, with rest, and possibly local depletion by punctures; then a simple oxide of zinc ointment. The next case, an ill-nourished individual, has an ulcer over the tibia which shows a decided sloughing tendency, shreds of dead tissue filling the sore. For this condition I shall give tonics, pick out all the substance which has lost its vitality, and then constantly apply cloths saturated with a solution of tart. of iron and potass. (3j to 3j of alcohol and water), until a healthy surface is obtained, after which *strapping* will be regularly applied. Nitric acid is also of use in arresting this sloughing action, especially when it is serpiginous. It should be applied boldly. In this fourth case a different state of affairs exists. The granulations are weak, flabby and cedematous, probably the result of long continued poulticing. To this I will apply a ten-grain solution of nitrate of silver and a firm roller, following the dressing after a few days with a ten-grain solution of tannin in glycerine, or the iodized collodion (gr. j to 3j).

Another case presents a still different aspect. The granulations are dark, congested, and ooze a bloody serum. It is the hemorrhagic form, and requires a treatment somewhat like the last, but with perhaps stronger astringent washes. A little powdered persulphate of iron, or an ointment of the same, would prove very efficacious.

The two remaining cases are instances of *indolent* ulcers, properly so called. The centres of the sores are depressed, the granulations pale and unhealthy, the exudation thin, fetid, and irritated, the surrounding parts excoriated, the edges steep, thickened, and indurated, while for several inches the circumferential structures are densely reddened and infiltrated. These solutions in the continuity of the soft parts will sometimes remain open for years, owing, doubtless, to the defective granulation circulation

caused by the pressure upon the blood-vessels as they pass through the surrounding structures. Their most common seat is over the tibia or malleoli, and they are often exceedingly irritable and sensitive.

In one of these cases various attempts have been made to promote healing, but it has resisted them for ten years. Why is this? Let us look for a cause. Passing my hand along the leg, I easily detect small, soft swellings, which are plainly indicative of varicose veins, a condition which is the most frequent cause of these chronic ulcerations, on account of the impeded circulation. This form of ulcer is especially liable to hemorrhage from the giving way of a dilated vein, and patients should be taught that pressure is the most speedy means of arrest, since serious bleedings sometimes occur before the surgeon can be secured.

In the other of these cases the congestion is so great that I shall adopt the plan of paring off its indurated edges, freely scarifying the sides, and then surrounding it by a deep circumferential incision, which, as Nussbaum (*Aerztliches Intelligenzblatt*, No. 14, D. F. W.) says, not only relieves the engorged vessels, but also permits the nutritive elements, which before were carried away from the granulations, now to take on cell-proliferation and transformation. This I do, and after all bleeding has ceased (and it may be increased by the liberal application of hot water), a poultice will be applied for two days, then to be replaced by strapping.

In the other case we will adopt no preliminary treatment, but will rely solely upon the method which I shall show you. This is the treatment known as "strapping," and, although it is now extensively adopted, yet I have been surprised to find that a large body of practitioners are unacquainted with its decided virtues. In a large proportion of ulcers you will find it the most effectual of all methods of treatment. Adhesive plaster is cut *longitudinally* into strips one inch in width and sufficiently long to encircle the limb throughout three-fourths of its circumference. Well warmed, the initial end of this strip is placed about three inches from the lower edge of the sore, and while this is firmly drawn together the strap is brought tightly across and held until it adheres. The next is applied in like manner, overlapping one-third of its fellow. The direction of all should be slightly oblique, so that they will fit smoothly and evenly to the surface of the limb. The sore being thus entirely covered, a firm bandage is applied from the toes to the knee, and in some cases of varicose veins even higher. We have thus given excellent support to the parts, applied equable pressure, while at the same time the action of the lead plaster is just sufficiently stimulating to favor cicatrization. These strips should be removed whenever soiled (varying from two to five days), the sore gently touched with a moist sponge wet in permanganate of potash solution, and the same dressing repeated. Under this treatment the result is

sometimes almost magical, and fresh new skin will quickly make its appearance. When cicatrization has advanced to a certain stage the process sometimes seems arrested by the great tension of the surrounding tissues, in which case incisions may be advantageously made upon the sides of the sore, the gaping of which will permit a resumption of the advancing cure. This plan will not often fail if the system be strengthened by iodide of potash or arsenic. In some cases, however, a little more stimulation may be required, under which circumstances an occasional dressing of dilute nitric acid, nitrate of silver, or an ointment of the dilute nitrate of mercury may be beneficially substituted for a few days. Even a blister is sometimes used to excite rapidity of circulation in granulations.

You will find, however, that no one substance will answer your purpose, neither will one substance completely cure a given case, even when its first action proved decidedly beneficial. After two or three weeks the parts cease to respond to the stimulant, and a change must be ordered, under which new impulse the healing will recommence.

The most discouraging part of the work in these cases is the fact that in old cases and in broken down constitutions, a twenty-four-hour attack of erysipelas, or even of fever, may cause the whole mass of newly formed tissue to melt away, and all your labor be lost. It is to anticipate this that I order tonics in the very chronic cases. In varicose ulcers, an elastic stocking should always be worn after the healing process is completed, in order to give such support to the veins as will prevent a recurrence of the difficulty. I am not favorable to the operation for obliteration of varicose veins, since many deaths have occurred, and the weight of the circulation being thrown upon the deep veins, is almost certain to occasion the same trouble in their walls. The local elastic stocking is therefore to be preferred.

In cases where the healing process is slow, *skin grafting* is often beneficial by starting new central points of cicatrization around which little islands of skin will soon form. Should either of these ulcers refuse to heal, we shall treat them by this method. This transplantation of healthy skin is performed by pricking up little portions of the derm upon the inside of the arm, or thigh, by means of small forceps or the point of a needle, and then cutting with knife or scissors a minute portion, about the size of a rice-grain. This should not contain fat or connective tissue, and need not extend even through the derm. These particles are then placed upon the surface of the granulations, to which they will usually adhere, provided the enveloping pus be healthy and hemorrhage has not been provoked. Should they fail to fasten themselves, cloth saturated in oil may be laid over them, and adhesive plaster be drawn across. As to the number of these, I have been in the habit of placing them at intervals of one-half inch, a distance which will give abundant centres of germination, if all adhere. In a few days the cuticle will slip

off, and you will soon be gratified to find that little bridges of new tissue are stretching across from one islet to another, until all is covered. Should the healing process become arrested, new grafts can be inserted.

It is of the highest importance that the ulcerated surface be first put into as healthy granulating condition as possible, since upon the quality of the surface will depend the nutrition of the grafts; still they will sometimes accomplish their purpose even upon an unhealthy surface. Of course, many will fail even upon a normal granulating sore, but if only two or three survive, the process of healing is greatly hastened.

It is usually customary to take the portions of skin from the patient's own body, in order that there can be no possible cause of complaint in regard to inoculation, and no other course should be pursued save with full consent of patient. Caselli, and others have tried the plan of taking grafts from rabbits, chickens, guinea-pigs, etc., but aside from the moral view of the question, there is no evidence that they have proved as advantageous as when human skin was used. The plan of merely scraping off the cuticle and applying it to the ulcer, as also the application of large pieces, have both failed, and the original plan of Reverdin seems most desirable, the fragments being of about the size of millet seeds. The transplantation of the skin of colored individuals upon white persons, and *vice versa*, although among the curiosities of the operation, yet should not be tolerated by either party. The skin of recent amputated members can be used, but is usually repugnant to a patient's feelings. The pain of the operation is but inconsiderable. I have sometimes thought that skin from a portion of the body corresponding to the diseased part, might be more sure in its adhesion and growth.

Another advantage claimed for skin-grafting is, that the resulting cicatrix, in the case of extensive burns, for instance, is less violently contractile than when cutification be advanced from the edges toward the centre; and also that the new tissue is more like normal skin.

In regard to the *modus operandi* of the cure, the graft seems to effect a durable action, *i. e.* not only by the proliferation and advancement of its own constituent portions, but also by its presence, infusing new vigor even into the margins of the sore, probably by favoring an afflux of blood to the part. That a healthy action is thus infused, is readily demonstrable by the fact that a surface not entirely healed by the first grafting operation, may be reinvigorated by a fresh application. Of the third or *specific* form of ulcers, I shall take occasion to refer as clinical cases present themselves.

—It is reported that twenty barrels, entered as "salt meat" and "Australian beef," were seized at Portsmouth, England, October 23d, and in each barrel was found the corpse of a full grown negro. They were shipped from the United States, for dissection in London.

MEDICAL SOCIETIES.

THE AMERICAN PUBLIC HEALTH ASSOCIATION—SECOND ANNUAL SESSION.

(Concluded from No. 925.)

THIRD DAY—AFTERNOON SESSION.

The Association reassembled at 3 o'clock, Dr. Edwin M. Snow in the chair.

The first paper read was upon "The influence of the high altitudes and climate of the table-land country of the Rocky Mountain region upon health and disease," by B. E. Fryer, M. D., surgeon of the United States army. The Doctor states that, in connection with the subject of health, the meteorology of the whole region is of peculiar interest. The annual rainfall in the eastern portion of it will not probably average over twenty inches, and diminishes westward until the mountains are reached, near which it will not average much more than ten inches annually. Fogs are very infrequent and of short duration. The winds have considerable force more or less continuously; this is especially the condition in Western Kansas and Eastern Colorado, though it applies to the whole region. The temperature of the high altitudes is not so low as might be expected. At Fort Walker, in Kansas, at an elevation of 1856 feet above the sea, the mean temperature is 51° Fahr. The temperature of the lower levels of the eastern part of the plateau may and often does reach 105° Fahr. in summer, but the heat is rarely oppressive. This will be readily understood when remembering the small amount of moisture in the atmosphere and the consequent rapid surface evaporation. Winter, in the latitude of Kansas and Colorado, rarely commences till the middle or end of December, and spring generally appears at the end of February. Ozone is believed to exist in large quantities in the atmosphere of the plateau region, though no observations as to this were made, or were obtainable.

Among the diseases that are of rare occurrence may be included those of malarial origin, with the exception of the valleys of the streams in lower levels of the plateau, and not often there. Ordinary scrofulous troubles are unknown, and diseases of the joints and bones are almost so. Inflammation of the lungs, contrary to what is generally believed, is far from being infrequent. Over a large portion of the greater altitudes of the Rocky Mountain region and in New Mexico, and some parts of Colorado, it has several times assumed almost an epidemic character. At the lesser altitudes, both pneumonia and erysipelas are of rare occurrence, and this is especially the case so far as the former of the two diseases is concerned. Neither asthmatic difficulties nor chronic bronchial troubles are of very frequent occurrence in the older inhabitants or native people. Among new comers, if there is an asthmatic predisposition, the disease will certainly be provoked.

An entirely satisfactory hypothesis for this has not been framed. It is, however, believed that some peculiar cause exists other than that which might be referred to the necessarily increased action of the lungs, dependent on the elevation.

The Doctor, alluding to the popular belief that the Rocky Mountain region is beneficial to persons suffering from pulmonary complaints, says he is convinced the belief is an error. Many cases of phthisis sent there from the East were not only not improved, but made worse. The disinclination and inability of patients to take exercise was referred to as one cause of the ill effects of the change. All consumptives should be excluded from the higher altitudes. There are, however, at lower elevations, points where there are all the advantages of dry air with day after day of sunshine. This region is found in Kansas, a large portion of Colorado, and Southern New Mexico. The paper concludes with the assertion that although a healthy individual will, with proper care, gain in vigor at high altitudes, and certain forms of debility, without organic lesion, do well, persons suffering from pulmonary diseases should not ascend to the altitudes beyond three or four thousand feet above the level of the sea.

J. S. Billings, M. D., assistant surgeon of the United States army, presented an abstract of special reports by army medical officers on the effect of mountain climates upon health. The conclusions drawn from the statistics gathered in the West were similar to those arrived at by Doctor Fryer in making his researches.

Dr. A. N. Bell, of Brooklyn, N. Y., then read a paper on "Perils of the Schoolroom, which Demand the Attention of Educational and Sanitary Authorities." The paper consisted of reports of the condition of schools in Brooklyn, New York, and other cities, showing that, with few exceptions, the pupils of public schools in almost all cities were confined in ill-ventilated rooms, and exposed to the poisonous influences of impure air, malaria from bad drainage, etc. All the papers presented were referred to the Committee on Publication. A brief conference upon "Laws and Methods of the Public Health Service of the Different Cities" was then participated in by members of the association, after which the association adjourned until evening.

EVENING SESSION.

The association reassembled at Horticultural Hall in the evening. The meeting was called to order at 8 o'clock, by Hon. Joseph R. Chandler, in a few introductory remarks on the objects of the association. He closed by an invitation to Hon. Dorman B. Eaton, of Washington, to deliver a discourse on "Health Laws, and the Interests and Obligations of the State and National Governments Pertaining to Them."

Mr. Eaton first alluded to the importance and breadth of the subject assigned to him. He would not intrude at all on the domain of the physician, but would discuss the best manner

of carrying on the administration of the Health Office, or what laws are necessary for the advancement of the public health and the economical enforcement of good laws. It would be very unprofitable for him to attempt to figure out the vast amount which could be added to the capital of the country if all needless cases of sickness were cured. Let us consider what is meant by health laws generally. This effort for health reform is an attack on ignorance, which is obstructing the laws of nature. It will partake of the highest characteristics of civilization, and demands an advance in the science of healing. Additions must be made to the knowledge of medicine and the characters of contagious diseases. These cannot be accomplished without sacrifices in the cause of sanitary reform. One of the lessons which this association ought to teach is that the first condition to be regarded in constructing a human habitation is, that those who live in it can get fresh air, at least occasionally.

The next great obstacle to the progress of sanitary reform is party politics. The mercenary partisan spirit in villages and cities opposes health legislation more than anything else. This question of sanitary reform has to encounter all the meaner elements of human nature, and cannot be fully accomplished for generations. But at least great progress can be made, if the fight is vigorously prosecuted. Take as an illustration of its progress the city of New York. Since 1865, when the Metropolitan Board of Health was organized, the general health of the city has been improved wonderfully, and the death rate has been considerably lessened.

There are, however, some necessary legal conditions to be imposed on the administration of health laws. Adequate sanitary administration cannot be properly obtained so long as the boundaries of cities, counties, and even States are regarded. Places subjected to the same influences and miasmas should be brought under one centralizing power. He ventured to assert that in a few years both the States of Pennsylvania and New York would have State commissioners of the public health. The Delaware Bay should be placed under one jurisdiction, and should be governed by the same quarantine laws. New York Bay, with all its little towns and villages, the Chesapeake Bay, the Mississippi river, should each be under a jurisdiction.

He next asserted that no health board should be composed exclusively of doctors, and explained his views by stating that from one-third to one-half the members was all that was necessary in a board. They would be sufficient to supply all the necessary information on the laws regulating the public health. The legal profession should be represented, in order that the rules may be made to conform to legal technicalities. Again, a business man is required, who is acquainted with the needs of the populace. Then a strong board will be framed. It should then be connected with a board of police,

in order to give force to its orders. The General Government should undertake the entire quarantine regulations of the country. It should enact general laws, to prevent disease being propagated on the line of our inland commerce as well as on our coasts. Proper sanitary regulations should be made for the ventilation of ocean-going steamships. In every State we should have a central sanitary body, having a supervision over the various local boards. A thorough system of registration of births, deaths, and marriages should be inaugurated. Then we should find a vast improvement in the public health.

Hon. L. H. Steiner, M. D., of Maryland, was next introduced. His discourse was upon "Health, a Prerequisite of National Success in Peace and War." His address urged the subject of health upon the National Government as of paramount importance. Every hour of sickness is so much pecuniary loss to the nation. If all this could be computed, the value of good hygienic regulations could be understood. It is a terrible period in the history of a nation when its citizens commence to disregard the regulations of bodily health. In times of peace healthy minds are requisite for the advancement of the country in the path of civilization, and in times of war for the promotion of the physical and mental strength of contending armies. A legitimate deduction is that it is incumbent upon the Government to enact laws regulating the sanitary condition of the cities and towns, and to spread such information before the people as will aid in securing the greatest possible prevention of disease.

Dr. Agnew was next introduced. While he was aware of the duties of individuals, the public, and the Government, in providing ample accommodations for the sick, he thought the management of hospitals should be so regulated that so far as consorts with the welfare of the sick, the hospital doors shall be thrown open to the medical profession.

Resolutions of thanks to Messrs. Eaton and Steiner were adopted, and the meeting adjourned.

Fourth Day.

The last session of the annual meeting of the American Public Health Association began at eleven o'clock. The attendance was quite good. President Stephen Smith, M. D., occupied the chair. After the election of a number of gentlemen, whose names had been submitted to the Executive Committee, the following resolutions were offered by the same committee and adopted without discussion:—

Resolved, That a committee of four be and the same is hereby appointed, for the purpose of investigating and reporting on the extent to which poisons are used in an unsafe manner for agricultural and other purposes, and to recommend suitable regulations and restrictions with regard to the same, and that S. Weir Mitchell, M. D., of Philadelphia; J. M. Rauch, of Chicago; Prof. J. L. LeConte, of Philadelphia; and

R. C. Kedsie, M. D., of Michigan, be the committee.

Resolved, That a committee be and hereby is appointed to prepare schedules for the purpose of collecting information with regard to the present condition of the public hygiene in the provincial towns and cities of the United States, and the laws and regulations, State and municipal, relating to the same, and to report at the next annual meeting.

Resolved, That the committee shall consist of J. S. Billings, M. D., U. S. A., chairman; Elisha Harris, M. D., of New York; A. M. Bell, M. D., of Brooklyn; J. M. Toner, M. D., of Washington, D. C.; H. B. Baker, M. D., of New Jersey; S. C. Busey, of Washington, D. C.; D. Fryer, M. D., U. S. A.; Frank Peilly, M. D., of the U. S. Marine Hospital service; John L. LeConte, M. D., of Philadelphia; Edward Shippen, M. D., U. S. N., and C. B. White, M. D., of New Orleans, and such other persons as the committee may from time to time deem expedient to associate with them.

Resolved, That the secretary be directed by the association to report annually on the first day of the annual session the results of correspondence and information relating to public health.

Resolved, That the next annual session of the association be held in the city of Baltimore, Md., on the second Tuesday in November, 1875.

Dr. Morris moved that the thanks of the association be returned to Dr. Francis Bacon, of New Haven, Conn., and B. C. Miller, M. D., Sanitary Superintendent of the city of Chicago, for invitations extended for the association to meet next year at the above respective cities. Adopted.

The committee to audit the treasurer's accounts, composed of Drs. Snow, Toner, and Barker, reported that the accounts submitted were true and just in all respects.

Dr. Harris offered the following:—

Resolved, That a special committee be appointed by the president, at this session, to devise a project of laws to meet the wants of the State Boards of Health, and said committee is instructed to report to the Executive Committee by the 1st of January, 1875. Carried and adopted.

The paper on "Sanitary Relations of Pharmacy and Materia Medica," by Prof. J. W. Maisch, secretary of the American Pharmaceutical Association, was then presented.

From this paper the following abstract will be found interesting to the medical public:—

There was a time when, in Europe, medical articles were manufactured especially for the American market, which could not be sold there, but were considered good enough for this side of the Atlantic; and it must be admitted that thirty years ago the United States furnished a much better market for adulterated, inferior, and worthless drugs than at the present time. In 1848 Congress passed a law providing for the appointment of drug examiners at the various ports of importation, whose duty it be-

came to examine all drugs and chemicals imported from abroad, and to reject the deteriorated and adulterated. This law was very beneficial, but would have been, doubtless, more satisfactory if the appointing power had always considered the scientific and practical qualifications of the candidates, rather than their political services. The importance of having efficient and capable examiners was recognized by the American Pharmaceutical Association, which, in the year 1852, passed resolutions with a view to secure a reform, but with little effect. Notwithstanding the drawbacks, the law has been one of the most important means of improving the drug market in this country. In older countries foreign drugs may be met with in the markets, and the pharmacist is, by stringent laws, made responsible for the quality of his drugs and preparations, whether imported or domestic. With us the responsibility of the pharmacists is regulated mainly by common law, and is based upon the amount or degree of harm done.

The cheapness of so-called officinal preparations is always an argument in their favor with those who purchase cheap drugs. There are now, perhaps, several hundreds of so-called manufacturing pharmacists in the United States, some turning out objectionable products, as far as quality is concerned, while the products of others are inferior and unreliable; all, however, having the tendency to encroach upon the legitimate vocation of the pharmacist, and to aid in closing the laboratories of the latter. The existence of this state of things is due in part to the ignorance and indolence of a certain class of the pharmacists, and in part to the support received from many members of the medical profession. Another circumstance which has contributed to this evil is the publication by manufacturing pharmacists of so-called medical journals, which are detrimental not only to the progress of medicine and pharmacy, but to the best interests of the public, though perhaps justifiable from a purely commercial standpoint. They are usually filled to a considerable extent with reports of cases benefited or cured by one or more of the special preparations of the manufacturer, and, being obtainable for a mere nominal price, or even distributed gratuitously, such journals first find their way to just such places where a demand for their owners' preparations can be created or increased. If this movement is inaugurated with legitimate preparations it is soon followed by so-called specialties and elegant pharmaceuticals, which are imposed upon the physician and the public. Efforts had been made by the American Pharmaceutical Association to stop this abuse, but were only partially successful. This subject brings us to the popularly so-called patent medicines, the preparation of which is kept secret, but whose pretensions are for that very reason without bounds. Various measures have been proposed to counteract the bad effects of secret medicines. The most radical and effective cure would be their total abolishment, if this were possible. Perhaps

the least objectionable plan, if that could be accomplished, would be to compel the manufacturer to have the full composition or working formula plainly printed upon the label of every package. It must also be borne in mind that in a country like ours there must naturally exist a necessity for domestic medicine, because outside of the cities and the more populated districts it is often impossible to receive the services of a physician, except after serious delay. This demand seeks to be satisfied, and since it has not been done in a professional way, every pretender finds an open field for his enterprise and luck.

In the way of remedy for these acknowledged evils, we suggest that the medical profession recognize the want of household remedies by publishing authoritative formulæ for the use of pharmacists, who may compound them at their counters and keep them on hand for the ready and convenient supply of all the real wants of families and of individuals in this direction. Such a measure would go far towards abolishing a large number of nostrums; but it would be advisable not to neglect the direct instruction of the public by publishing tracts on sanitary subjects, by the delivery of popular lectures, and by instructing the rising generation in the means of preserving the health, and the dangers of the injudicious use of all drugs.

Dr. Professor Maisch concluded by stating that the most effectual method of securing all the advantages of American pharmacy to public health would be to insure the proper qualifications of the pharmacists. This is one of the main purposes of the local Pharmaceutical Association, and of the national representative body of pharmacists; to accomplish this, among kindred objects, these societies have earnestly labored for years, and in their efforts deserve the support of all having the welfare and safety of the public at heart.

Professor Gross then offered the following:—

Whereas, It is the solemn duty of every civilized government to provide means for the safety, happiness, and preservation of the health and lives of its subjects; and

Whereas, A large number of the diseases incident to the human race are induced by causes inherent in our modes of living and by a want of knowledge of the laws of hygiene; therefore be it

Resolved, That a committee, consisting of a member of this association from each State and Territory of the Union, of which the president of the association shall be chairman, be appointed to petition Congress at its next session to institute a bureau of health, to be located at Washington city, with a branch at the seat of each State and Territorial government.

Resolved, That we hereby invite the earnest co-operation of the auxiliary branches of this association, and of all kindred bodies in the Union, in carrying out the objects of the foregoing resolution.

Professor Gross, after submitting the above resolutions, made a speech in explanation of

his reason for desiring the establishment of a national bureau of health, saying, in concluding:—

"Have we not a right to ask for Government assistance in this matter? We have a Minister of War and a Minister of the Navy to keep the country in a condition ready to meet any foreign bloodhounds that may threaten our liberties and deprive us of our territory. Why, then, should there not be a minister of health to see to our sanitary affairs, to enable us the better to cope with the enemies that beset us in our own dwellings and in those of our neighbors? Have we not a right, as dutiful citizens, to claim this much from the Government? If a man robs me of my goods the law takes cognizance of the offense and punishes the thief with fine and imprisonment; but if my neighbor poisons my well, my food, or the air I breathe, I can have no recourse unless the case is so palpably plain that it cannot be overlooked. Every man desires to live as long as possible, and not only so, but as happily as possible; but, owing to our ignorance, millions upon millions annually perish prematurely, simply because they do not know how to live and how to guard against the recurrence of diseases. So long as we are without well organized Government aid, so long will our people, from the lowest to the highest, pay the penalty of preventable diseases."

The Association then went into an election for officers. The present presiding officer, Stephen Smith, M. D., of New York, declined the compliment of a renomination, which was tendered, and the election resulted as follows:—

President, J. M. Toner, M. D., of Washington; First Vice President, E. M. Snow, M. D., of Rhode Island; Second Vice President, Professor Henry Hartshorne, of Philadelphia; Secretary, Elisha Harris, M. D., of New York; Treasurer, John R. Rauch, M. D., of Illinois. Executive Committee, J. S. Billings, United States Army; Stephen Smith, New York; Moreau Morris, New York; J. J. Woodward, United States Army; James A. Steuart, Baltimore, and A. N. Bell, New York.

The following resolutions were then presented by Dr. Hartshorne:—

"Resolved, 1. That, for a city properly arranged and conducted, abattoirs, subject to municipal regulations, are always preferable to a number of private slaughter-houses.

"2. That the best practicable management of large abattoirs, with cattle and hog yards, cannot be depended upon at all times to prevent their drainage from contaminating water and the atmosphere in its vicinity.

"3. Therefore, such establishments should be located as far as practicable from the centres of population, and, if possible, upon tide-waters."

The mover called upon Dr. Rauch, of Chicago, for information relative to his experience in the matter at Chicago. Dr. Rauch said that the many improvements made had done away, in a great measure, with the objectionable features of slaughter-houses, but under certain

conditions of the atmosphere a whole section of the city would be pervaded with the disagreeable odor. He thought that, as a general thing, the drainage from abattoirs should not be allowed to enter a fresh-water stream, unless the current was very swift. In Chicago the value of property had always been greatly diminished by the establishment of abattoirs, for people kept at a respectable distance from them. He believed, however, it was possible to conduct abattoirs so as not to be injurious to the public health.

The resolutions offered by Dr. Hartshorne were, with some slight modifications, adopted. Dr. Goodwin then presented the following:—

Resolved, That this Association urge upon the Governors and Legislatures of each and every State in the Union the importance of enacting laws creating State Boards of Health, providing adequate measures for sanitary administration throughout each State.

Resolved, That a copy of this resolution be forwarded to each Governor and Legislature, duly signed by the president and secretary of the Public Health Association.

The subject was referred to the special Committee on Legislation.

Moreau Morris, M. D., of New York, was then called upon to make the closing address. The speaker, with considerable gravity, delivered a very humorous address, which elicited both laughter and hearty applause. Several papers on sanitary subjects, received from members of the association, which were not read, were ordered to be referred to the Executive Committee, with instructions to examine and have them printed with the proceedings of the association. A special committee was appointed to prepare a report, to be presented at the next meeting, upon the unsanitary condition of the watering-places of the United States. This was done on the motion of Professor Hartshorne, of this city, who was appointed chairman.

A number of resolutions of thanks were passed.

A resolution instructing the Executive Committee to enter into communication with the health boards all over the country as to quality and condition of water, and the general sanitary condition of the cities which they represent, with a view of obtaining a full knowledge on this subject, was passed, and after disposing of some unimportant matters, the association adjourned *sine die*.

BALTIMORE MEDICAL ASSOCIATION.— Meeting of Nov. 9th, 1874.

REPORTED BY J. W. P. BATES, M. D.

Otarrh.

Dr. H. R. Noel said that he had two cases of nasal, pharyngeal and oral otarrh, which gave him much trouble. One case of two years' standing has been under the treatment of at least a dozen prominent physicians. The parotid, sublingual and submaxillary glands are

much enlarged, especially the parotid, and there is an entire absence of secretion from them. I introduced a small probe into the ducts of Steno, and then, by gentle pressure, forced out from each gland about a teaspoonful of matter, near the color and consistence of white of egg. After this there would be a secretion of a small quantity of saliva, but in an hour the membrane would be as dry as ever. I would like to hear some suggestions in regard to these cases, especially the treatment which should be pursued.

Dr. P. O. Williams said he would like to know something in regard to the digestion of starch and saccharine articles.

Dr. Noel. Both have suffered from dyspepsia, but no special history in reference to those two articles. Now the digestion is good in both cases. Most trouble from dryness of the throat, and if they take cold they complain of croup, which I suppose is from increased congestion of the membrane.

Dr. G. L. Tanneyhill. Do you know what treatment these cases have had?

Dr. Noel. Hydropathic, allopathic, homœopathic and eclectic.

Dr. Tiffany. I think it probably depends upon some affection of the nerves presiding over the action of these glands. How does Dr. Noel know that the disease is catarrh?

Dr. Noel. Because they had decided catarrh at first. In regard to nervous origin, one of the ladies suffered for some time from asthma. It is very difficult to get at the etiology and therapeutics of these cases.

Dr. Tiffany. I would suggest the use of electricity.

Dr. P. C. Williams called the attention of the society to a condition frequently met with after delivery, which formerly gave him a great deal of uneasiness. About the fourth or fifth day the woman is attacked with all the symptoms of metritis, great abdominal tenderness, etc. The use of ipecac in one and a half drachm doses, until free emesis is produced, and turpentine locally, will relieve the trouble in a very short time, and all the urgent symptoms will disappear.

Dr. W. G. Regester said that he had a gentleman under treatment which gave him a great deal of anxiety. He appears perfectly well, but his heart beats with abnormal force, while his pulse is only 48 to 52.

Dr. Atkinson said that he had a case in which there was a slow and full pulse, but as the man had a gouty kidney, no albumen, but hyaline tube casts, he thought there might be hyperæmia of the brain, which probably lessened the frequency of the heart's action.

Dr. Arnold. These cases of slow pulse and great force of the heart's action, call attention to the forming stage of Bright's disease. After the disease is well established, there is often hypertrophy of the left ventricle, and it is a disputed point as to the causation of this hypertrophy. I think an examination of the urine may throw some light on Dr. R's case.

Dr. Regester. I have never examined his

urine. He is about thirty-five years old, regular habits, and in comfortable circumstances. Has suffered from this tumultuous action of the heart, and slowness of pulse, for about two weeks. Violent exercise, like running up stairs, does not increase the frequency of the pulse, but it does increase the force of the beat.

Change in Type of Disease.

Dr. Noel said that a short time since he met a case that changed its character entirely. A girl, æt. five, had marked fever, sore throat, diphtheritic deposit in the throat, etc., thus presenting the features of a well-marked case of diphtheria. I gave cincho-quinine and iron internally; mopped the throat with tr. chlor. ferri; used sulphite of soda as a gargle, and applied tannin in glycerine and water, by means of the atomizer. In the course of four or five days she got much better, and convalesced rapidly. In about ten days her mother allowed her to go down to the door, where she sat for some time on the marble step. As a result she took cold, and had marked symptoms of croup. I gave her heavy doses of bromide of potass. Next morning she had whistling inspiration and expiration, and decided distress if she attempted to talk. I gave iron and tonics, but in the evening I withdrew them and gave cincho-quinine and calomel, one-half grain, every three hours at first, and then every six hours. After taking eight or ten grains of calomel, she threw up several small pieces of false membrane. Voice has not returned, but she is much better. When I gave the calomel I changed my diagnosis, and was convinced that it was a case of membranous croup. Here we have a case of diphtheria changing into membranous croup.

Dr. Uhler. How did you make the diagnosis of croup?

Dr. Noel. I can hardly tell, as many things are decided by what we may call intuitive perception. I could find no reappearance of the pharyngeal diphtheria, nor congestion of the tonsils; could detect no membrane in the throat, and as diphtheria proceeds from above downward, and croup from below upward, the failure of finding any throat symptoms of the former disease convinced me that it was a case of croup. The urgent dyspnoea, the ring of the cough, and the mode of treatment and its success, are all points which assist in forming the diagnosis.

Dr. Uhler. If Dr. Noel will refer to Trousseau and Bretonneau, he will find calomel recommended, both locally and internally, for diphtheria, and therefore its use cannot be made a point in diagnosis.

Dr. Noel. I cannot help what those authorities say, but while in the army I had the misfortune to encounter an epidemic of diphtheria, and, on account of lack of medicines, had to use calomel, and nearly all my cases died. After getting the proper remedies the success was much greater.

Dr. I. E. Atkinson. I think that one of Dr. Noel's reasons for thinking it croup would work better the other way. I think it was diphtheria and was traveling downward. The child took cold, which increased the activity of the slumbering diphtheria. We know so little about the action of calomel, and it may be that from the use of quinine, iron, etc., the system was in a good condition to respond, and did not exhibit the debilitating effects of the drug.

Dr. Williams. I agree with Dr. Noel that it was a case of croup, for diphtheria never assumes that dry character; there is always some moisture; and it does not produce that whistling. I must differ when he considers it a change of type. Here were two separate and distinct diseases. I do not think any one would treat a case of diphtheria with calomel in the doses given by Dr. Noel.

Dr. Uhler. I would not use calomel for diphtheria, and do not think many physicians would recommend it, but when a man like Trousseau claims success for it, I do not think its use can be a point of diagnosis. The child might have recovered equally as well without the calomel as with it.

Dr. Scott. Why does Dr. Williams give stimulants, quinine, iron, etc., in diphtheria? I would like to know the philosophy of his treatment.

Dr. Williams. If there is anything that I heartily indorse, it is the belief that diphtheria is a blood disease. The great debility is one of the first symptoms, and makes its appearance before the local manifestations. This fact proves, I think, that there is some poison working upon the nervous system, and all the organism becomes impaired. Why it usually develops itself in the throat, I am unable to say. When it is admitted that it is a blood disease, and the mode of death by asthenia, there is sufficient reason for the use of stimulants. In croup the weight of the disease falls upon the vascular system. We have high fever, and prostration is secondary, not primary, as in diphtheria. Many die in croup before the system becomes affected, and we must reduce the excessive vascular action by the old-fashioned antiphlogistics.

Gonorrhœa.

Dr. W. G. Regester opened the discussion on gonorrhœa. He thought that it is a local disease, and that the local treatment is most important. Injections are valuable, but to make them most effective they should be frequently repeated, and as much depends upon the manner, the physician should introduce them himself. As this was almost impossible in private practice, and it was equally impossible to instruct the patient how to use the syringe properly, he had almost entirely discarded injections, and used soluble bougies, properly medicated with lead, zinc, tannin, bismuth, etc. These bougies are about the size of a No. 9 catheter, and two and a half inches long. Since adopting this mode of treatment he thought his suc-

cess was greater and his patients got well sooner.

Prof. Arnold. Has Dr. Regester tabulated his cases, and can he tell us the average duration? Some cases get well without trouble, while others continue a long time.

Dr. Regester. I have not tabulated my cases, but I think more cases get well quickly than under the old mode.

Dr. Atkinson. Bougies are very useful, but they cannot take the place of injections in old cases. The disease is situated in the lacuna, and deep seated, and cannot be reached by the bougies. Besides, the injection distends the urethra, and thus is more likely to come in contact with the diseased parts.

Prof. Arnold. If the patient can go to bed I order the penis to be kept immersed in water as cold as he can stand, and for as long a time as he can endure. By persisting in this treatment the majority of cases will get well in three or four days. I think it is a local disease, and cold is as useful as in other local affections.

Dr. Tiffany. I have often used ice water injections, and the patient gets well in three or four days, but I think the rest is the important point of this treatment. If you can keep the patient quiet almost any case can be cured without trouble.

Dr. Williams. Can leucorrhœa produce gonorrhœa? If it can, on account of the great frequency with which we meet leucorrhœa, gonorrhœa ought to be very common among married men; but it is not. As far as my observation goes it is a specific disease, and we sometimes find women with a purulent discharge, and even cancer of the uterus, producing no disease in their husbands.

Dr. Noel. I think Ricord gives some cases in which men have caught gonorrhœa from women having these discharges while the husband was perfectly free from disease. He thinks that the husband has become accustomed to it, and thus it fails to affect him.

Dr. Atkinson. All pus acts as a poison, and the discharge from purulent ophthalmia will produce this disease.

Medical Matters in Arkansas

Seem to be in as disjointed a condition as political subjects. The Phillips Co. Medical Institute, which met at Helena last month, passed separatist resolutions from the State Medical Society. One of them reads:—

"*Resolved*, That we suggest to the medical men throughout the State who desire to elevate and maintain the moral and professional standard of their fraternity, that a convocation be called to meet at Devall's Bluffs on the fourth day of March, 1875, for the purpose of organizing a new state association, whose threshold shall be so strictly guarded that no more occurrences so derogatory to its scientific character shall ever take place as have blighted the prospects and blotted the fair record of our association—once so deserving of the admiration of ourselves and the profession of our sister states."

EDITORIAL DEPARTMENT.

PERISCOPE.

On Ulcer of the Stomach.

In a work lately written by Dr. B. Foster, there appears an article "On the Treatment of Ulcer of the Stomach;" it is an essay of much practical value. We need scarcely observe that this affection occurs chiefly in young females, and that the ulcer does not present any specific character. The main object of the author, through the entire essay is, to show the great value of complete rest, in order to allow the ulcer to heal; and to this end he dwells on the vast importance of keeping up the patient's strength solely by nutritive enemata, a formula for composing which will be found at page 24. During the use of these no food whatever is to be given by the mouth, and, as a general rule, the author states that from eight to ten days is quite sufficient to enable the ulcers to begin to heal. Then, and only then, very small quantities of the mildest food, such as milk, is to be given, and the quantity very gradually increased. By this plan, steadily carried out, the writer speaks of the certainty of getting this class of ulcers to heal; and in proof of this three cases are detailed, in which there could be no reasonable doubt but that ulcers did exist, and did heal. Besides other symptoms, each of these cases had hæmatemesis. This seems to us conclusive of the nature of the cases, and the steadiness, and we would add rapidly with which the urgent symptoms yielded under the plan is very remarkable. Whilst placing rest in the very foremost place, however, the author does not ignore medicines, of which he chiefly speaks of opium and bismuth as being each most valuable in their way.

Treatment of Gonorrhœa.

At a meeting of the Société de Médecine de Rouen, according to the *Practitioner*, M. Bedoin, surgeon to the 3d Hussars, observed that cubels and copaiba entered into the composition of most of the remedies employed for the relief of blennorrhœgia. In many instances they prove useless, and M. Bedoin does not believe they merit the favor in which they are held. Having had charge of a large number of cases, he has adopted a special plan, the principle features of which are as follows:—As soon as the inflammatory period has passed he gives to his patients four or six injections per diem of the solution, composed of crystallized sulphate of zinc, 20 parts; crystallized subacetate of lead, 20 parts; distilled water 1000 parts; the mixture being well shaken each time it is used. As the discharge diminishes the number of injections is gradually reduced to one a day, till not the slightest oozing takes

place from the urethra. Towards the end of the attack a little wine is given, and the quantity of this is gradually increased till the disease is cured. Owing to double decomposition, the fluid contains sulphate of lead in suspension and acetate of zinc in solution, which last has a powerfully astringent action. Of seventy-two cases thus treated, only thirteen failed to be cured. In the discussion which followed, M. Bouteiller gave the formula for an injection very successfully employed by M. Vidal de Cassis, namely: Rose-water, 250-300 parts; subacetate of lead, $\frac{1}{2}$ to 1 part; sulphate of zinc, $\frac{1}{2}$ to 1 part; laudanum, 4 parts. Two injections per diem. M. Bouteiller himself, however, frequently prescribed the acetate of zinc. M. Grout found injections containing the nitrate of bismuth very advantageous.

Mineral Oils as Disinfectants.

The *London Medical Times and Gazette* observes that Dr. John Day, of Geelong, in a paper read before the Medical Society of Victoria on May 6th, and published in the *Australian Medical Journal* for June, strongly recommends a trial of the mineral oils as disinfectants. He believes that all the mineral oils possess the property of absorbing oxygen from the atmosphere, and imparting to it increased activity by converting it into peroxide of hydrogen, a substance possessed of very high oxidizing powers. For example, a sheet of paper, brushed over with kerosene or gasoline, yields the characteristic reaction with guaiacum resin and blood. Now, it is generally allowed that all true disinfectants are oxidizers. From his knowledge, therefore, of the oxidizing powers of gasoline, and from the fact that it is much cleaner and more volatile than kerosene, Dr. Day recommends this hydrocarbon for disinfecting purposes. He states that he has lately been using it for the purpose of disinfecting the walls, flooring, furniture, etc., of rooms in which scarlet fever patients were placed, and with most satisfactory results; but he has also had the patients freely rubbed three times a day with ethereal solution of peroxide of hydrogen and lard, in the proportion of one part to eight. A trial of gasoline is further earnestly urged on the profession as a disinfectant in puerperal fever. It might be applied with a brush or sponge to any article of clothing without doing it the slightest harm; and it would not only disinfect it, but also impart to it disinfecting properties which would last for a considerable time. For among the peculiar properties of the mineral oils as disinfectants is that of their being continuous in their action. Instead of being injured or destroyed by age and exposure to atmospheric influences, as all other disinfectants are, they absolutely improve and gather force.

The practitioner might also disinfect his hands by bathing them in gasoline and allowing them to dry in the open air. One caution is necessary in the use of gasoline: from its volatile and inflammable nature it should never be employed near a fire or lights.

Action of Cantharides.

At a recent meeting of the Société de Biologie, says the *Practitioner*, M. Gallippe gave an account of his researches on cantharides. He has experimented with the tincture of cantharides and with cantharidine, and finds that the tincture of cantharides administered in large doses, as from 100 to 200 grammes, causes dilatation of the pupil, bloody vomiting, and a state of comatose drunkenness. Post-mortem examination shows catarrhal inflammation and ulcerations of the stomach and intestines, and he has satisfied himself that it has an undoubted aphrodisiac action. He experimented in different ways with cantharidine, as by intravenous injections, by subcutaneous injection, and by ingestion into the stomach. The intravenous injections were made with doses varying from $\frac{1}{100}$ to $\frac{1}{50}$ of a gramme, olive oil being used as a vehicle. He has observed the signs of endopericarditis, pleural effusion, pulmonary congestion, and symptoms of intestinal irritation. Cantharides has also in dogs an aphrodisiac action.

On a New Method of Operating on the Larynx.

The *Centralblatt für Chirurgie*, for August 15th, quoted in the *London Times and Gazette*, contains an interesting account of a new method of conducting operations on the larynx, introduced by Dr. A. Eysell, of Halle. Every one, he says, who employs the laryngoscope must be aware how difficult it is to reach a tumor growing in the lower part of the larynx, which is not sufficiently movable to be driven above the level of the vocal cords by forced expiration. He has, however, succeeded in removing them in the following way:—Whilst observing the larynx by means of the laryngoscope, for which he employs either daylight or the electric light, an exceedingly elastic needle is passed through the skin and crico-thyroid membrane, into the larynx, exactly in the middle line, and immediately beneath the thyroid cartilage. The needle is then made to transfix the tumor, and by depressing its handle the latter is forced up into the ventricle of the larynx. No hemorrhage takes place, the only pain felt is during the transfixion of the skin, and no local mischief has followed even frequently-repeated operations. If it be intended to cauterize or tear away the tumor, the patient is directed to hold either the mirror, or better still, the needle; and in this way Dr. Eysell has succeeded in removing two fibromas from the lower part of the laryngeal cavity since last November. Since that time he has endeavored to operate on tumors, with the needle itself, which could not conveniently be attacked through the mouth,

and for this purpose he employed the needle used by Schwartz for performing paracentesis of the tympanum; but even this ought to be gently heated before use, in order to make it more pliable. It was passed, as before, into the larynx, and several incisions or pricks made into the tumor, which was then lifted up and cauterized. In a case where the vocal cords were adherent to one another for their anterior two-thirds, as the result of a suicidal cut throat, which caused considerable shortness of breath on slight exertion, a narrow tenotome was passed through the scar, 0.5 centimetre broad, into the larynx. When the point appeared behind the triangular adhesion, the handle was firmly depressed, and by drawing the knife downward the cords were separated almost to their origins. In the same way, no doubt, injections might be practiced on laryngeal tumors, by the employment of a needle-pointed syringe. It may be impossible to perforate the thyroid cartilage in old people on account of calcification.

REVIEWS AND BOOK NOTICES.

NOTES ON CURRENT MEDICAL LITERATURE.

—The well known advocate of the Darwinian theory, Dr. Ernst Hæckel, of Jena, has published a work entitled "*Anthropogeny or the History of Human Development*." According to him the human embryo represents in miniature the entire series of life development, from the humblest animal organisms to the highest. Having made out the anatomical links of affinity between the ascidian and man, he absolves himself from advancing any further proof of the direct affiliation of the latter to the former. "As a contribution to a special branch of a vast investigation, his work," says an impartial critic, "is no doubt very valuable, and will probably tend to strengthen two growing convictions: that evolution actually is the key to the mystery of nature, and that the secret of its application has as yet set human ingenuity at defiance."

—Dr. G. J. Arkhangelsky has just published, in the Russian language, a book of importance to sanitary science, "*Cholera Epidemics in European Russia for fifty years, from 1823 to 1872*." The materials which the author has collected and tabulated did not exist before for the general European public, being stored in official bureaux in the provinces, whence the author had to disinter and arrange them.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, NOV. 28, 1874.

D. G. BRINTON, M. D., Editor.

The REPORTER aims to represent the Profession of the whole country, and not merely sectional or local interests.

Hence, Reports of the Proceedings of Medical Societies, Correspondence, Notes, News, and Medical Observations from all parts of the country are solicited and will be gladly received for publication.

Subscribers are also requested to forward copies of newspapers containing Reports of Medical Society Meetings, Marriages or Deaths of physicians, or other items of special medical interest.

The experience of *country practitioners* is often particularly valuable, acquired as it generally is by independent study and investigation. The REPORTER aims especially to furnish a medium to bring this information before the general medical public, and it is a duty to the profession to publish it.

To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

The Editor disclaims responsibility for any statement made over the names of correspondents.

NOTICE. 1875.

EXTRA INDUCEMENTS.

Any of our subscribers obtaining one new subscriber and remitting for both before JAN. 1st, 1875, will receive either a copy of the DAILY POCKET RECORD, with his name stamped in gilt on the clasp, free, or the HALF-YEARLY COMPENDIUM for 1875, as he chooses.

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D. G. BRINTON, M. D.,

115 South Seventh Street,

PHILADELPHIA, PA.

PHYSICAL SCIENCE ON THE WITNESS STAND.

MR. FRANCIS WHARTON, a lawyer of eminence, and a professor, we believe, in the Harvard Law school, is about to publish a work on Negligence. In an appendix to it, published in advance, he reviews the question of physical as opposed to moral causation, and in connection therewith discusses the value of expert testimony from a juridical point of view, and in a manner which is entertaining and illustrative.

The immediate aim of this appendix is a criticism on John Stuart Mill's definition of natural law. Mr. Wharton does not conceal the opposition of view which jurisprudence and theology both maintain to Mill on this subject. The matter is one of deep scientific interest, and as its misunderstanding has given rise to singular confusion of thought in Mr. Wharton's pamphlet and many other writings, it is not amiss to put our readers on their guard against such fallacies.

Law, then, be it observed, has two entirely different meanings. The one is that which is intended in juridical and moral law. Here the essence of law is *conscious obligation*, due to a command or precept laid down by a governing power.

No such signification attaches to natural laws, as those defined by the physical sciences. Nothing in the nature of conscious obligation can be supposed to exist in matter. Yet this obvious distinction is entirely overlooked by Mr. Wharton, and often has been neglected by theological and forensic writers before him.

What, then, is a natural law? Mr. Wharton very justly attacks the definition given by Mill, that it is "the sum of all the antecedents of an event;" or, to put it in other words, that it can be reduced merely to "uniformity of sequence." This is the view of most physicists. It is defended by Prof. Bain, by Tyndall, by Huxley, and by all the materialistic school of thinkers. They say that experience is the only teacher we have, and that long-continued, unbroken ex-

perience of a consequent uniformly following an antecedent is and must be the highest proof of a natural law.

The statement is plausible, but fallacious. Not fallacious, however, on the grounds which Mr. Wharton defends, namely, that cause implies a Will capable of making and breaking a law. No such thing. Several weeks ago we discussed this question of a Will, and pointed out that truth, in its highest forms, admits of no such notion.

That there is a higher warrant for natural law than uniformity of sequence, than mere experience, comes from the nature of reason itself, and is capable of demonstration.

A few examples will serve to show the difference between the empirical law—the result of observed sequences—and the theoretical necessity which is at the foundation of every real law of nature. The planetary motions were first correctly stated by Kepler, who derived them from the astronomical observations of Tycho de Brahe; but though Kepler accurately laid down the law of these motions on experimental grounds, it was reserved for the intellect of Sir Isaac Newton to give these observations their true significance, by demonstrating the force of gravity, by virtue of which the planetary motions are inevitable effects. On the other hand, we know by daily experience that sensations are consequent upon impressions on the nervous peripheries; but the law of this sequence remains the desideratum of psychology.

A real law finds its absolute confirmation in the fact that it transcends experience; that no observation attests the full amount of validity which we know it to possess. Reason alone is its sanction, and not experience; on the contrary, experience rarely comes up to the demands of the law. Thus, no hand of man has ever drawn an absolutely perfect circle; imagination cannot picture one; yet we have many propositions, or laws of relation, about circles, which have in them no mixture of error. The actual velocity of a falling body is in no in-

stance directly as the mass and inversely as the square of the distance; but this very fact becomes the proof of the law, for, allowance made for retardations, the theoretical accuracy of the law is vindicated.

The essence of every real law of nature is its *theoretical necessity*. Expressed in terms of thought, this is the *ens rationis*. Hence, the definition of Mill and Bain must be condemned as incomplete; that advocated by Wharton, who considers natural law an expression of the will of God, must (if that expression is used as in any way corresponding to human volition) be rejected as contrary to the very nature of law; and in any case, the confusion of the three meanings of law, to wit, conscious obligation, observed sequence, and theoretical necessity, should always be avoided by writers on jurisprudence, theology, or physics.

NOTES AND COMMENTS.

Agency of the Half-Yearly Compendium.

The agency of this periodical, previously in the hands of Mr. Hatch, has been *discontinued*. Those who received it from him are requested to apply directly to this office.

Cardiac Oedema.

In a lecture at La Charité, on disease of the heart, Professor Sée advocated the following treatment of oedema and anascara due to heart affections:—Extract of squills, fifteen grains; powder of squills, ten grains; for ten pills. From six to ten of these pills to be taken daily. At the same time about one drachm of bromide of potassium is administered daily. Under the influence of these two drugs the dropsy is stated to diminish rapidly.

Animals as Motor Powers.

M. Marey has laid before the French Association for the Advancement of Science some interesting observations on the employment of animals as motor powers. He proves, by means of a very elaborate instrument, that the movement of animated beings as motor powers takes place by jerks, whence results shocks, and consequently a waste of labor. As an illustration of this theory M. Marey cites the effort necessary

to draw a burden behind one. If the necessary force be transmitted by means of a rigid or almost unextensible strap, for instance, of leather, the movement is jerky and more difficult than if it were transmitted by an elastic strap. It would, therefore, be better to attach horses to the shafts with India-rubber traces. He also gives as an illustration the manner in which boats are always dragged along the towing paths by long ropes. It would be impossible, or at least very distressing, to employ short ones. The length of the rope, which alternately tightens or slackens by slow oscillations, has in this case the same effect as India-rubber.

On Ergotine.

Dr. LOMBE ATTHILL, after numerous experiments with ergot and ergotine, reaches the following conclusions:—

1. That *Wigger's pure ergotine* is inert, and useless for the purpose of hypodermic injection.

2. That *Bonjean's ergotine* hypodermically injected exerts a marked effect on cases of uterine fibroids, lessening the amount of blood lost and lengthening the periods, but that its use is liable to be followed by the formation of abscesses.

3. That the *extractum ergotæ liquidum*, B. P., is still more efficient in checking the uterine hemorrhage occurring in these cases, but that its use causes at the time severe pain, and that troublesome abscesses are very likely to form at the site of the injection.

Morphia in Herpes Zoster.

Dr. BOURDON recommends the following:—A layer of collodion, containing hydrochlorate of morphia, in the proportion of thirty grammes of the former to fifty centigrammes of the latter, was applied to the diseased parts without opening the vesicles. The pain ceased on the second day; and after seven or eight days, when the collodion fell off, the vesicles had entirely disappeared, and only a slight redness was apparent.

Bromide of Potassium as a Caustic.

M. Peyraud (*Bordeaux Medical Bull. de Therap.*, Juillet 15), having previously established that the bromide of potassium possesses the property of arresting local circulation, and that a concentrated solution of the salt, subcutaneously injected, produces eschars, reports a case of an extensive bleeding and vegetating canceroid of the face, which he treated by daily

applications of the salt, finely powdered, over the mass. In twenty-eight days the projection formed by the disease had disappeared, leaving, however, its base of implantation in the deep tissue. It is stated that these applications have the great advantage of being painless. Peyraud thinks that the bromide acts by arresting the circulation in the capillary vessels rather than by destroying the tissues mechanically, like caustics. It is suggested that this salt may be useful in checking fleshy growths, etc. In morbid growths, in which the skin is not ulcerated, a concentrated solution may be injected into their substance, or the integument may be previously destroyed.

The Use of Koumiss.

It is stated in foreign journals that koumiss has been employed in all the principal hospitals of Paris in affections of the respiratory organs, from mere catarrh to the third stage of phthisis, and that with excellent results. In affections of the digestive organs in persons suffering from albuminuria, it has also been very serviceable. In cases in which the disease is accompanied by diarrhoea, the koumiss is given in a state of more advanced fermentation, koumiss No. 2. The patients soon get accustomed to this drink, and afterwards take it with pleasure. Commencing at first with two or three glasses daily, the dose is gradually increased until two or three bottles or more are taken.

Affections of the Fallopian Tubes.

The *Lancet* remarks that M. Seuvre makes the following statement in a recent thesis:—"I have examined during the last twelvemonth forty females who died of various diseases, and observed that the Fallopian tubes were often the seat of divers affections, the ovaries being perfectly sound." The author considers that the inflammation of the tubes is pretty frequent, and that this condition may give rise to hematocele. He also points out that intra-uterine injections, usually harmless, may become very perilous when the tubes are out of order. The latter, when inflamed, secrete muco-purulent matter; and if at that time an injection is thrown into the cavity of the womb with a certain force, a few drops of pus may be driven into the peritoneal cavity. It is, however, well known that the contraction of the tubes has much more effect in the direction of the uterus than toward the abdomen.

Chloral as a Preservative.

A writer to the *London Medical Times and Gazette*, in describing a visit to the Anatomical school of Clamart, in Paris, says:—

"Among the bodies preserved we were shown one, that of a middle-aged woman, injected in February last, and which is still in a perfect state of preservation, without any sign of decay or any trace of an offensive odor. The body looks as if it had been embalmed, that is, it resembles a body in the earliest stage of mummification, and on inquiring how this was effected, we were informed that it was by injecting into the body a solution of the hydrate of chloral in the proportion of one to ten parts. A mixture of carbolic acid and glycerine in the same proportions is sometimes used, but this is not found so efficacious as the chloral."

Chloral has been used considerably for this purpose in the anatomical rooms of this city (Philadelphia), and with satisfactory results.

Silicate of Soda in Gonorrhœa.

Professor Sée, of Paris, recommends this treatment. His observations extended over a period of six weeks, and were mainly made upon two classes of patients, those with acute or chronic blenorrhagia, with or without orchitis, and those with ulcers of the penis, sometimes phagedenic and complicated with inflammatory phymosis. The solution generally used was three grammes (grs. 46) of the silicate of soda in one hundred grammes (about $\frac{3}{4}$ iv) of distilled water, the strength of the solution being varied according to the extent of the inflammatory phenomena present in each case. Sée says that the silicate of soda can be recommended in these affections in consequence of its cheapness, the ease and freedom from risk with which it may be used, its safety, and the promptness of its action.

The Hourly Death Rate.

According to Dr. Lawson, the English statistician, deaths from chronic diseases are most numerous between the hours of eight and ten in the morning, and fewest between like hours in the evening. Acute deaths from continued fevers and pneumonia take place in the greatest ratio either in the early morning, when the powers of life are at their lowest, or in the afternoon, when acute disease is most active. The occurrence of these definite daily variations in the hourly death rate is shown, in the case of

chronic diseases, to be dependent on recurring variations in the energies of organic life; and in the case of acute diseases, the cause is ascribed either to the existence of a well marked daily extreme of bodily depression, or a daily maximum of intensity of acute disease.

It was many years ago suggested by Alexander Von Humboldt that the aerial tides affect the hourly death rates; but Dr. Lawson does not seem to have applied his observations in this direction.

Precautions Against Trichina.

The Medical Society of Kalamazoo, Mich., gives the following advice: Eat no uncooked or half-cooked hog's flesh. The raw flesh of a hog, whatever its shape or condition, whether ham, bacon or pork, salt or fresh, smoked or unsmoked, is liable to contain this parasite, full of life and activity, that may work a remediless mischief in the human body. Bologna sausage, if pork be in it uncooked, is as dangerous as any form of this meat. The heat that cooks meat utterly destroys the life and mischievous power of these vermin, and no one need fear any harm if this fact is observed.

Aspiration of the Knee Joint.

Dr. Dieulafoy, of the *Aspirateur*, cites twenty-two cases of fluid in the joints, which were treated by Desprès sixty-five times by aspiration, with no evil results. Some of the cases were cured in less than a week, with one or three punctures; others in less than a fortnight, with four or six; some in three weeks, with many punctures. Desprès thinks, however, that ordinary treatment is quite as good in most acute cases, whilst in chronic cases of fluid in the joints aspiration is of great service. Other surgeons mention deaths as occurring from puncture.

Significance of Albuminuria.

A correspondent of the *Medical Press and Circular* says:—

The existence, and still more the persistence of albuminous deposits in the urine is so uniformly associated in the mind of the practitioner with the gravest prognosis, that it is comforting to know that not always does this persistence call for so much alarm.

A case of albuminuria, in a man aged fifty, was two years ago under treatment. Dr. Lafan had me make daily analyses of the urine for eighty

consecutive days, and at the end of that time the albumen, which had persisted almost to the close, was found to have disappeared. Dr. Laffan has followed the after-history of this case, and within the last few days analyzed this man's urine, with the result of finding it free from the least trace of albumen. There have been other cases also in which prolonged daily examinations of the urine have disclosed the same result; I may mention one notable instance: It occurred in a patient, aged sixty, suffering from severe dropsy depending on chronic bronchitis. Albumen was found in the urine, and continued for some weeks, and then disappeared. Remedies addressed to the dropsy subsequently removed that affection.

CORRESPONDENCE.

The Medical Register and Directory of the United States.

ED. MED. AND SURG. REPORTER:—

I was highly gratified recently with the reception of the *Medical Register and Directory of the United States*, through the Southern Express Company. I have perused the work with much interest. The importance of this "Register and Directory" to the medical profession of the United States can scarcely be overrated, and I feel confident will be ultimately appreciated by all who take a lively interest in the profession. I hope that it will be continued many years to come, and I have no doubt but that it will form an extremely precious statistical record of the physicians, their professional standing in this country, and will elicit knowledge about medical laws and other sources, etc., hitherto not thoroughly reported in any published works.

I have glanced over the contents of its pages, and although I have found some fault with the spelling of names of some of the physicians, particularly those contained in the Register of the State of Louisiana, yet I deem it a most valuable volume, and commend the enterprise to the patronage of the whole profession. The principal object of the "Register" is to give the widest possible extension to its directory. There should be the greatest possible circulation of the book in every city, town, village, parish and county in the Republic. Every practitioner, every club, every public office, every magistrate, every hotel, should possess a copy.

Please to accept my acknowledgment and the assurance of my consideration. Very respectfully yours,

J. B. C. GAZZO, M. D. F.

Thibodeau, P. O., Parish of LaFourche, La.

—A Washington county (Iowa) man has applied for a divorce, on the ground that his wife is an invalid.

NEWS AND MISCELLANY.

The Insane Department of the Philadelphia City Hospital.

The condition of this department is discreditable to the city, and unworthy of this community. We are credibly informed that there is at this time 1105 insane persons crowded in the space allotted for only 600. The attendants cannot keep order among them. They are obliged to pack four or five in a cell at night, only intended for one person to occupy, and to make their condition worse their arms are chained or strapped close to their bodies, and the restraint system in some of its coarsest expressions is rendered inevitable by the lack of sufficient room and attendants. When will this cease?

Medical Students on the Rampage.

It is stated, in the cable advices from Paris, Nov. 12th, that the students of the School of Medicine, having persisted in disturbing Professor Chaffard, on account of his royalist proclivities, whenever he attempted to lecture, all the lectures have been suspended for one month.

Suicide in France.

In France, suicides have increased from 1739 in 1826, to 5275 in 1872. Very many causes have been alleged to explain this fearful increase of the tendency to self-destruction; thus the abuse of alcohol and tobacco, the struggle for life and quickened activity of mankind, etc. The *Paris Journal* lays great stress, as far as concerns France, at least, on the influence of political troubles and turmoil, entailing general anxiety and misery, failure in business, etc. Thus, in the space of only two years, the troubled ones of 1845 to 1847, there was a sudden increase of 562 in the yearly number of cases. During the more flourishing time of the Empire, gradual yearly increase was arrested. In 1869, with the return of political agitation, the number again rose; and this year, after the troubled times the country has had, it is calculated that the total number will reach at least 7000. For the city of Paris alone there were 93 more suicides in 1873 than in 1872; to wit, 567 against 660; while this year, should the same daily proportion of suicides continue, it will reach about 1000.

The American Electrical Society.

An association to be known under the above name was recently organized at Chicago, Ill. The objects are an interchange of knowledge, professional improvement of members, the advance of electrical and telegraphic science, and the establishment of a central point of reference. General Anson Stager, of Chicago, was elected president, and Mr. C. H. Haskins, of Milwaukee, vice president.

Centenarians.

Dr. Snow, of Providence, R. I., has prepared the following list, which includes all the centenarians who have died in Providence since 1840, a period of thirty-four years:—

	<i>Died.</i>	<i>Name.</i>	<i>Parentage.</i>	<i>Y.</i>	<i>M.</i>	<i>D.</i>	<i>Age.</i>
1846	Oct. 28—	Rosanna Smith, col. Am.	108	0	0		
1848	July 5—	Mary Mathewson, wh. Am.	108	0	0		
1850	Jan.—	Thankful Curless, col. Am.	100	0	0		
1852	March 7—	Hana Monaghan, Irish.	105	0	0		
1855	Aug. 7—	Michael Mahoy, Irish.	108	0	0		
1856	Sept. 17—	Seth Yates, wh. Am.	100	6	14		
1857	March 21—	Patrick Donnelly, Irish.	103	6	5		
1860	May 11—	Ann Conlan, Irish.	100	0	11		
1866	July 8—	John Simmons, col. Am.	110	0	0		
1873	March 16—	Catharine Fannon, Irish.	100	0	0		
1874	Oct. 14—	John Williams, col. African.	107	0	0		

Susan McGirr died Oct. 27, 1869. She strenuously claimed to be 110 years of age, and was referred to as of that age in the Directory for 1868. Her age was reported as 98 at the time of her death.

In regard to two or three of those named above, the age was well authenticated. The others were, at least, very doubtful.

Personal.

—Professor Ludwig's *Jubiläum*, or the celebration of the twenty-fifth year of his professorship, took place at Leipzig, October 15. This eminent teacher, founder of the Saxon Physiologische Anstalt, has in the past quarter of a century had more than a hundred and fifty private students, whom he has trained in special investigations, and of whom many have since become distinguished professors. There was a large assemblage of friends and pupils to take part in the ceremonies, including Professors Ernst Heinrich Weber, the Nestor of physiology; Helmholtz, Du Bois Reymond, and others of less fame, from Upsala, Moscow, Edinburgh, Brussels, Vienna, etc.

—A Berlin medical journal states that the distinguished clinical professor, Dr. Traube, is now confined to his bed by one of his frequently recurring attacks of asthma. The cause of the disease has never been ascertained, in consequence of the horror the distinguished Professor has of submitting to any examination. It has also been observed, singularly enough, that many practitioners have an objection to having autopsies performed upon themselves, so that several of these have died without the real nature of their disease being known.

—Death has been busy with European medical celebrities lately. On October 30th, Dr. Edwin Lankester, the eminent sanitarian, died of diabetes. The profession in Belgium has had to lament the loss of Dr. Marinus, secretary to the Royal Academy of Medicine, and the author of several valued publications; and that of Dr. Jacquemym, Professor of Chemistry at the University of Ghent and Member of the Chamber of Representatives. In Portugal, Dr. Abel Jordao, the author of valued researches on diabetes, has died from the effects of pernicious fever. In Italy, Dr. Cesare Febbri, who

was beloved for his amiable disposition and active humanity, has also departed this life. In France, the obituary of October includes the names of Moutel, Chaumeil, Letessier, and Hæberlé.

—A cavalry soldier in Arizona is said to have been bitten to death, recently, by his own horse.

OBITUARY.

BROWER GESNER, M. D.

Dr. Gesner, whose decease at Fort Gibson, Indian Territory, is recorded, will be remembered as a surgeon of more than ordinary skill, attached to the Army of the Potomac during the late war. His professional services were exerted, during the whole of the unfortunate struggle, to alleviate the sufferings of the wounded, he being among the first to volunteer when New York State sent her regiments to the field. He was in the field from the skirmish at Big Bethel down to the decisive battle of Gettysburg, and gained an honorable record through all the battles fought by the Army of the Potomac and through the Peninsular campaign. He was at one time Surgeon-in-Chief of the artillery in the Second Army Corps. When the war closed he was brevetted Lieutenant-colonel by a special act of Congress.

MARRIAGES.

COLES—BULLITT.—On Tuesday, October 27th, 1874, by Rev. E. A. Fogge, D.D., at Christ Church, Philadelphia, John W. Coles, Surgeon United States Navy, and Theresa L., daughter of John C. Bullitt, Esq., of Philadelphia.

HARTZELL—STAUFFER.—On Tuesday, November 10th, at the residence of the bride's parents, at Adamstown, Pa., by Rev. S. S. Henry, of Hinkletown, Mary L., daughter of the late Harry Stauffer, Esq., and Dr. Wm. Harvey Hartzell.

HERSEY—PATTERSON.—November 4th, at the residence of the bride's mother, Allegheny City, Pa., Dr. Samuel S. Hersey, of Cleveland, O., and Miss Lucy E. Patterson.

HOPKINS—WEST.—At the residence of the bride's parents, in Princeton, Ind., November 5th, Mr. Robert P. Hopkins, of Evansville, and Miss Fannie West, second daughter of Dr. V. T. West.

MULLEN—DILLON.—On the 2d inst., at the Church of the Immaculate Conception, St. Louis, Mo., by the Rev. Father Kelly, Dr. Alex. J. Mullen and Mrs. Alice Dillon.

ROBINSON—RING.—At Darien, Conn., on Wednesday, November 4th, 1874, by Rev. Howard Crosby, D.D., James A. Robinson and Mary Clark Ring, niece of Dr. Alonzo Clark, of New York.

STEWART—KELLY.—At the residence of the bride's mother, on Thursday, October 29th, by Rev. Mr. Furgurson, W. D. Stewart, M.D., of Pemberville, Ohio, and Miss Leslie Kelley, of Fostoria, Ohio.

DEATHS.

DARKEN.—In New York city, on Sunday evening, November 8th, of diphtheria, Charles A., child of Dr. E. J. and Catharine Darken, aged 7 years.

HOWE.—At Birmingham, Conn., on Monday morning, November 9th, Cornelia A., wife of Dr. John I. Howe, and daughter of the late George Ireland, aged 74 years.

KEMPER.—In Cincinnati, Ohio, Saturday afternoon, October 31st, Sarah Hall, youngest daughter of Dr. Andrew C., and Louisa A. Kemper, aged 4 years, 3 months, and 16 days.

PILE.—In Philadelphia, on the 8th inst., Wilson H., Jr., son of Dr. W. H. Pile, aged 35 years.